

January 2018

To all of my valued clients and families,

I am attaching a schedule of fees for the Current Procedural Terminology, or CPT codes, which mental health professionals use in order to bill for services. These are also what insurance companies need in order to process reimbursements. This is not a complete list, but simply a list of the most commonly used CPT codes in mental health services. Effective January 1<sup>st</sup>, 2018 all invoices will reflect these codes, the times and the applicable fees. Should you have any questions or concerns, please feel free to reach out to me by e-mail or phone.

**90791** Psychiatric diagnostic interview without medical services (\$350.00) \*\*

**90832** Individual Psychotherapy, 30 minutes (\$125.00) \*

**90834** Individual Psychotherapy, 45 minutes (\$175.00) \*

**90837** Individual Psychotherapy, 60 minutes (\$225.00) \*

**90847** Family Psychotherapy with patient present (\$275.00)

**90846** Family Psychotherapy without patient present (\$275.00)

**90835** Group psychotherapy (varies)

**90839** Patient in crisis add-on – 60 minutes (\$225.00)

**90840** Patient in crisis add-on – Each additional 30 minutes (\$125.00)

\*These are the most common codes, time increments and fees that are used in my practice. Children, generally, are in sessions for 45 minutes. Adults, generally, are in sessions for 60 minutes. Parent meetings range from 30-60 minutes. Should you wish to change the length of time of your meetings, please feel free to reach out to me and let me know.

\*\*Only used when a 90-minute session is booked for diagnostic purposes solely